

Your 2011 LPPO Prescription Drug Benefit Chart
Premier 10/30/45 Plan
Maine State Employees Health Insurance Program
Effective January 1, 2011

Formulary	Premier 3 Tier – Open
Mandatory Generic	No
Deductible	None
Covered Services	What you pay

Initial Coverage

Below is your payment responsibility until the cost paid by you and the plan for your prescriptions reaches your Initial Coverage Limit costs of \$2,840.

Retail Pharmacy	per 59-day supply
<ul style="list-style-type: none"> Generics, including Specialty Drugs Select Generics 	<p>\$10 copay</p> <p>\$0 copay for Select Generics</p>
<ul style="list-style-type: none"> Preferred Brands, including Specialty Drugs and Vaccines 	\$30 copay
<ul style="list-style-type: none"> Non-Preferred Brands and Non-Formulary Drugs 	\$45 copay

Typically retail pharmacies dispense a 30-day supply of medication. Some of our retail pharmacies can dispense up to a 90-day supply of medication. If you use a retail pharmacy in the State of Maine that will distribute a 60 to 90 day supply, the Mail Order Pharmacy copays (shown below) will apply.

Mail Order Pharmacy	per 60 to 90 day supply
<ul style="list-style-type: none"> Generics, including Specialty Drugs Select Generics 	<p>\$10 copay</p> <p>\$0 copay for Select Generics</p>
<ul style="list-style-type: none"> Preferred Brands, including Specialty Drugs and Vaccines 	\$30 copay
<ul style="list-style-type: none"> Non-Preferred Brands and Non-Formulary Drugs 	\$45 copay

If you purchase drugs at Retail or Mail Order Pharmacies that are not listed in our participating pharmacy directory, you will be responsible for all amounts over our negotiated cost. If you need an emergency supply of drugs and you are not near a Retail Pharmacy in our participating pharmacy directory, you will not be responsible for amounts over our negotiated costs.

A health plan with a Medicare contract.

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2011 Custom Premier 10/30/45 Plan, State of Maine

P3TARO (10R)

11/17/10

Covered Services	What you pay
Vaccine Coverage	
The up front costs for vaccines will vary based upon where the vaccine is purchased and administered. Some vaccines, such as Flu Vaccines, are paid under your Medicare Part B coverage. Vaccines that are covered by Medicare Part B are not covered by your Part D plan. Please see your Evidence of Coverage booklet for a complete explanation of your vaccine coverage.	
Gap Coverage	
Your payment responsibility changes once you reach your Initial Coverage Limit of \$2,840. Below is your payment responsibility during the period after you meet your Initial Coverage Limit and before Catastrophic coverage begins.	
<ul style="list-style-type: none"> Generics, including Specialty Drugs 	\$10 copay
<ul style="list-style-type: none"> Select Generics 	\$0 copay for Select Generics
<ul style="list-style-type: none"> Preferred Brands, including Specialty Drugs and Vaccines 	\$60 copay (cost to you is \$30 after discount*)
<ul style="list-style-type: none"> Non-Preferred Brands and Non-Formulary Drugs 	\$90 copay (cost to you is \$45 after discount*)
Catastrophic Coverage	
Your payment responsibility changes after the cost you have paid for prescription drugs reaches your True Out of Pocket cost of \$4550.	
<ul style="list-style-type: none"> Generics, including Specialty Drugs 	\$2.50 copay or 5% coinsurance whichever is greater
<ul style="list-style-type: none"> Select Generics 	\$0 copay for Select Generics
<ul style="list-style-type: none"> Preferred and Non-Preferred Brands including Specialty Drugs, Vaccines, and Non-Formulary Drugs 	\$6.30 copay or 5% coinsurance whichever is greater
Extra Covered Drug Group	
These are drugs that are covered by your plan that are often excluded from Part D Prescription Drug Plans. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays.	
Benzodiazepines and Barbiturates Cosmetics Cough and Cold DESI Over the Counter Vitamins and Minerals	See Formulary for complete list of drugs covered
<ul style="list-style-type: none"> Generics 	You pay your retail or mail order generic copay
<ul style="list-style-type: none"> Brands 	You pay your retail or mail order brand copay
Erectile Dysfunction	
See Formulary for complete list of drugs covered	
<ul style="list-style-type: none"> Generics 	\$50 copay
<ul style="list-style-type: none"> Preferred and Non-Preferred Brands 	\$50 copay

Covered Services	What you pay
Infertility Drugs	None of these drugs are Formulary drugs
• Generics	\$50 copay
• Brands	\$50 copay

***Coverage Gap Discount Program:**

Beginning in 2011, when the cost of Part D qualified drugs paid by you and this plan is more than \$2,840, you will receive help paying your copay for these brand drugs from Drug Manufacturers. This help will continue until the cost of Part D qualified drugs paid by you and the Drug Manufacturer Discount reaches the True Out of Pocket amount shown on this Benefit Chart. Drug Manufacturers have agreed to provide a 50% discount on your copay for Part D qualified brand drugs during the Part D Plan coverage gap phase.